

North Star Guidance Center, Inc.

Mail to: 21 Glen Avenue Chelmsford, MA 01824

RECORDS REQUEST FORM

Client's Legal Name at the Time of Service: _____

Client's DOB: _____ Phone: _____

Medical Records From:

Name of Facility

Address

City, State, Zip Code

Phone Number

Fax Number

Email (if applicable)

Medical Records To:

Name of Facility

Address

City, State, Zip Code

Phone Number

Fax Number

Email (if applicable)

Please indicate which items from the record you are requesting:

- | | | |
|--|--|---|
| <input type="checkbox"/> Entire record | <input type="checkbox"/> Treatment Plans/Updates | <input type="checkbox"/> Diagnoses |
| <input type="checkbox"/> Summaries | <input type="checkbox"/> Recommendations | <input type="checkbox"/> Intake Paperwork |
| <input type="checkbox"/> Correspondence with others involved in care | <input type="checkbox"/> Progress Summaries | <input type="checkbox"/> Assessments |
| <input type="checkbox"/> Psychotherapy Case Notes Summary Letter | <input type="checkbox"/> Appointment/billing records | |

Time Period:

From: _____ **To:** _____ **Other:** _____

*It is NSGC's policy to redact or summarize based on clinical determinations.

The Purpose of this Request:

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Planning Appropriate Treatment or Program | <input type="checkbox"/> Update Files | <input type="checkbox"/> Coordination of Services |
| <input type="checkbox"/> Referral/Transfer of Case | <input type="checkbox"/> Other: _____ | |

Expiration:

This release shall be in force and effect until the time or event specified below, at which time this release expires:

____ 1 year from signature date ____ Child turns 18 years old ____ Other: _____

Please indicate how you would like the records delivered:

Mail – To: _____

Address: _____ City: _____ State: _____ Zip: _____

Fax- # _____

I hereby authorize the use or disclosure of my protected health information as specified above. I agree to allow North Star Guidance Center, Inc. (NSGC) a reasonable period of time to verify the validity of your request and prepare copies of the records if authorized by the above client/personal representative. Also, I acknowledge that electronic media, and delivery methods such as email, pose certain risks to the privacy and security of Protected Health Information that may be beyond NSGC's control. I agree to hold NSGC harmless in the event the requested Protected Health Information is breached or compromised as a result of directing and authorizing(if applicable) NSGC to transmit or deliver such information electronically. I understand that this authorization is voluntary and that I may refuse to sign it. I understand that I may revoke this authorization at any time by giving written notification to my provider or any member of office staff. I understand that, if the recipient is not a health care provider or a health plan, the information disclosed under this authorization may no longer be protected by federal privacy regulations and may be re-disclosed by the recipient.

Signature of Patient or Personal Representative Date Relationship of personal representative to patient

North Star Guidance Center's Medical Record Request Policy Disclaimer:

Thank you for considering North Star Guidance Center for your behavioral health services. As part of our commitment to patient privacy, we have established the following policy regarding the request and release of medical records related to behavioral health services. Please read this disclaimer carefully before proceeding with any request for medical records.

Patient Confidentiality: At North Star Guidance Center, we prioritize the confidentiality and privacy of our patients' personal health information. Our medical record request policy adheres to all applicable federal, state, and local laws and regulations, including but not limited to the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act.

Authorized Requests: Only authorized individuals or entities are permitted to request behavioral health medical records. An authorized individual may include the patient themselves, their legal guardian, or other individuals with written consent from the patient. Entities authorized to request records may include healthcare providers, insurers, or other organizations acting in accordance with applicable laws and regulations.

Proof of Authorization: Before releasing any medical records, North Star Guidance Center reserves the right to verify the identity and authorization of the requesting individual or entity. Proof of authorization may be requested, and the release of records will be subject to the verification process.

Purpose of Request: The requester must provide a valid and specific reason for the request of behavioral health medical records. North Star Guidance Center retains the right to review the purpose and relevance of the request to ensure that the disclosure is consistent with applicable laws and regulations.

Patient Consent: In cases where the patient is not the requester, the patient's explicit written consent must accompany the request for medical records. The consent form must be completed accurately and include specific information regarding the records to be disclosed, the purpose of the disclosure, and the recipients of the information.

Non-Disclosure of Sensitive Information: North Star Guidance Center may withhold the release of certain sensitive information contained in the behavioral health medical records, as permitted or required by law. Examples of sensitive information may include psychotherapy notes, information related to HIV/AIDS, or records subject to legal privilege.

Timely Processing: North Star Guidance Center will make reasonable efforts to process medical record requests promptly. However, the time required for processing may vary based on the complexity of the request, the volume of records involved, and other factors that may affect the retrieval process.

Charges and Fees: North Star Guidance Center may impose reasonable charges for the retrieval, copying, and delivery of medical records, in compliance with applicable laws and regulations. The requester will be notified of any applicable fees before the records are released.

Errors and Omissions: While North Star Guidance Center strives to ensure the accuracy and completeness of medical records, errors or omissions may occur inadvertently. We do not accept liability for any inaccuracies or omissions unless arising from gross negligence.

Policy Modifications: North Star Guidance Center reserves the right to modify this policy at any time without prior notice. Changes to the policy will be posted on our official website, and it is the responsibility of the requester to review the policy periodically for updates.

By proceeding with your medical record request, you acknowledge that you have read, understood, and agree to comply with the terms outlined in this policy. If you have any questions or concerns regarding the medical record request process or this disclaimer, please contact our Privacy Officer at (978) 256-0667 ext. 500.